

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/542939

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50	/					
TOTAL IND.	/		↓	↓	↓	
TOTAL DEP.	2		←	←	←	
TOTAL CLAIMS	3					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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100						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.			←	←	←	
TOTAL CLAIMS						